

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007101

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1490

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Medical Certification

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>91 YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAKE SIDE HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>2318 MADISON AVENUE</b>	
3. NAME OF DECEASED (Type or print) <b>MR. WALLACE TWYMAN</b>		4. DATE OF DEATH <b>MARCH 2 1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-28-1871</b>
9. AGE (last birthday) <b>91 YRS.</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OFFICE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PAINT CO.</b>	
11. BIRTHPLACE (City and state or country) <b>INDEPENDENCE MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CLIFTON TWYMAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET WALLACE</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. JENNIE TWYMAN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>MRS. JENNIE TWYMAN</b> Address <b>2318 MADISON AVENUE KC MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>C.V.A.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>3d</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fractured Left Hip</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>1955</b> to <b>March 2, 1963</b> and last saw her alive on <b>March 2, 1963</b> Death occurred at <b>3/2/63 5:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Elias E. Zittel</b>	
22b. ADDRESS <b>1001 - E 47th St</b>		22c. DATE SIGNED <b>3/4/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>MAR. 5. 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEMETERY</b>	23d. LOCATION (City, town, or county) <b>INDEPENDENCE MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMERS SONS</b> Address <b>1331 BRUSH CREEK KCMO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-5-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>

(Licensed Embalmer's Statement on Reverse Side)

Dr. & Mrs. E. Spruit  
1001 East 4th Street - Rochester, N.Y.  
12:30-6:00

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Norman W. Johnson*

Licensed Embalmer No.

*4889*

P. O. Address

*Lathrop, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.